Open Enr Open Enr Outside C	ollme	ent Late P	rocessing		State	Hea	altl	t of Community Health h Benefit Plan smittal Sheet	State Eligik P. O.	with attach Health Ben bility Section Box 38342 Ita, GA 3033	efit Plan
Payroll Location Number								Transactions Reported			Number Submitted
Number						إL		Terminations (Listed below)			
Payroll Nan	ne					Į g	ק ק	Membership forms (SHBP 66-090)			
Person Subm	ittina					Coverage	ָׁמַ מַ	Dependent Miscellaneous Update forms (SHBP 66-091)			
Report	9					Š	3	Notification of Return from LWOP forms (SHBP 66-093)			
Phone Numl	ber							Total of these three lines:			
							ŀ	HMO (SHBP 66-006) Declinations (SHBP 66-004)			
Date Submitted to SHBP		Month	Month Day Year			t	Otner	Dependent Student Status (SHBP 66-082)			
						١	ا ر	Other forms			
		_		l							
	Τ	The follow	ing employ	ees no	longer hav			oll deductions for health benefit ployee's Name			
Termination Code *	Social Security Numbe			•	Last			First	Month	ast Payroll Day	Year
								,			

* Use these termination codes

TERM - Terminated
TRAN - Transferred Out
DISC - Discontinued

LWOP - Leave without Pay RETR - Retired LOFF - Laid Off

DCSD - Death of MemberRHRS - Reduced Hours